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Presented to Senate Judiciary Committee 2/10/15 on Senate Bill 202

1. Doctors are often wrong when they predict life expectancy. I have witnessed many examples of this including a physician friend who was estimated having roughly 6 months to live after breast cancer metastasized to her lungs. She is still alive 17 years later, still has a medical practice, still playing tennis. Statistical analysis with the probability of dying within a certain period of time is based on data compiled from patients with similar illness. The lifespan of countless individuals exceed their statistical probability. If assisted suicide becomes legal, there will be Montanans who kill themselves who could have many quality years, maybe a normal lifespan.
2. The heart-felt, tragic personal stories you hear purported to support physician assisted suicide are generally mostly caused by inadequate palliation of pain, an indicator of bad medical care, not the need for these patients to be able to kill themselves.
3. Suicide assisters may have their own agenda. There was the recent case in Roundup Montana where a man was charged with "aiding or soliciting suicide" of a 16 year old girl with the apparent motive of stopping her from testifying against him. The agenda I think would be most common is based on greed for inheritance. Based on the greed factor, assisted suicide is a recipe for elder abuse. I have had the painful misfortune of witnessing countless examples of greed in the battle for my patient's inheritance, including vicious battles over the death bed. I see cases on a fairly regular basis of my patients being taken advantage of for financial gain, usually by family members but not always. One was the case of a young man who took advantage of the loneliness of an older female patient of mine. He obtained financial control over this woman by feigning romantic interest in her and isolating her from her family. By the time Adult Protective Services provided her a guardian, thousands of dollars had been siphoned. The same motive of greed could lead to coerced assisted suicide if there was anticipated financial gain, and death could occur quickly, before protection could be put in place.

Elder abuse and assisted suicide are already huge problems in Montana. Senate Bill 202 is an invitation for both. It cannot ensure that the patient will be voluntarily taking the medications that kills them since once the lethal dose is purchased, there is no oversight. It cannot protect patients from all manner of coercion. SB 202 provides protection for the physician and patient heirs at the peril of the patient. I urge you to oppose this bill.